

## 2010 Permanent Housing Bonus Project

1. Organization Name	
2. Project Name	
4. DUNS Number	
5. Tax ID or EIN	

**NOTE:** Sponsors are required to provide proof of their nonprofit status, if they have not been previously submitted.

6. Street Address 1	
7. Street Address 2	
8. City	
9. State	
10. Zip code	
11. Is the Sponsor a faith based organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Project Sponsor Contact Information**

1. Prefix	
2. First Name	
3. Middle Name	
4. Last Name	
5. Suffix	
6. Title	
7. E-mail Address	
8. Phone Number	
9. Extension	
10. Fax Number	

### **Experience of Project Sponsor and Partners**

Describe the experience of the project sponsor, and partners, as it relates to providing supportive services and housing for homeless persons, and carrying-out the activities of the project

1. Describe the specific type and length of experience for the project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project, particularly as it relates to working with homeless persons.

2. Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG? ☐ Yes ☐ No

**Before Starting the Exhibit 2 (Project) Application:**

Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program for specific application and program requirements. All applicants must complete the SF-424.

1. Component Type	<input type="checkbox"/> SHP <input type="checkbox"/> SPC <input type="checkbox"/> SRO (Section 8 Mod. Rehab. or SPC)
2. Grant Term – SHP Projects	<input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years
Grant Term – SPC Projects	<input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years
3. Select "Yes" or "No" to indicate if the project uses Energy Star	<input type="checkbox"/> Yes <input type="checkbox"/> No

**All Project Sponsors must complete a Logic Model for each project.**

Logic Model forms can be found in the e-mail in which this was sent & will also be accessible on the Mayor's Office of Human Services website.

## Supportive Housing Program Application

Select the activities for which SHP funding is requested:	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Acquisition
	<input type="checkbox"/> Rehabilitation
	<input type="checkbox"/> Leasing (units or structures)
	<input type="checkbox"/> Supportive Services
	<input type="checkbox"/> Operations

A Sponsor-based Rental Assistance project must complete the fields below, for each site that will be used to house project participants. However, all other projects need only indicate or update the ownership of all site locations.

1. Location Name	
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Enter name of the location being used to house project participants. If the project includes leased or rental units in more than four locations enter "Scattered Site."

2. Property Ownership	
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Indicate whether the location (including all scattered site locations) is (or will be) owned or leased by the applicant, sponsor, or parent organization

**NOTE:** This is a required field for ALL projects.

3. Street Address 1	
4. Street Address 2	
5. City	
6. State	
7. Zip code	

Enter the address of the project sponsor for projects that include leased or rental units in more than four locations

## Type and Scale of Housing Detail

The information entered in to the form fields below should record the number of units, bedrooms, and beds for each housing type in the project.

Housing Type	<input type="checkbox"/> Barracks <input type="checkbox"/> Dormitory, shared or private rooms <input type="checkbox"/> Shared housing <input type="checkbox"/> Single Room Occupancy (SRO) units <input type="checkbox"/> Clustered Apartments <input type="checkbox"/> Scattered site apartments (including efficiencies) <input type="checkbox"/> Single-family homes/townhouses/duplexes
<b>Total for Selected Housing Type</b>	

# of Units:	
# of Bedrooms:	
# of Beds:	

## Housing for Participants

Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**If you answered yes, please explain below.**

Explain how and why the project will implement this requirement (use less than one-half page).

Will more than 16 persons reside in a structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes," please answer questions B and C.

B. Describe the local market conditions that necessitate a project of this size.

C. Describe how the project will be integrated into the neighborhood.

## Projects Involving Rehabilitation

Describe the rehabilitation proposed for the property and the responsibilities that the applicant and other project partners will have in operating and maintaining the property.

## Supportive Services for Participants

Describe how the project will address the specific case management needs of the persons to be served by the Permanent Housing Bonus project.

The information entered into the form below should record the capacity of the project to provide supportive services or access that participants require.

For projects serving <b>families</b> , does the applicant/sponsor have policies that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For projects serving <b>families</b> , does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney Vento education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how participants will be assisted to obtain and remain in permanent housing.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

5. Specify the frequency of supportive services to be provided to project participants.

Supportive Services	Select Frequency
Outreach	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Case Management	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Life Skills	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Job Training	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Alcohol and Drug Abuse Services	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Mental Health and Counseling	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
HIV/AIDS Services	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Health/Home Health Services	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Education and Instruction	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Employment Services	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Child Care	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Transportation	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Other (please specify):	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Other (please specify):	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
Other (please specify):	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> does not apply
6. How accessible are basic community amenities (e.g., medical facilities, grocery stores, recreation facilities, school, etc.) to the project?	Accessible to participants via: <input type="checkbox"/> walking <input type="checkbox"/> public transportation <input type="checkbox"/> driving <input type="checkbox"/> transportation provided by project

## **Project Participants Information**

The following contains instructions for the two Project Participants forms - one for Households with Dependant Children and the other for Households without Dependent Children.

Please review the following notes which will provide information regarding gathering and entering data for these two forms:

- (1) The data gathered on these Project Participant forms is the number of participants in the program when the program is at full capacity. This count is based on the applicant's estimate at the time of application. the data describes the number of households as well as the number of persons in households for (1) Households without Dependent Children, and (2) households with Dependent Children.
- (2) Each field must have a number. If applicable, enter a zero ("0") in a white field.
- (3) The "Total Persons" field will not necessarily be the sum of the six column totals because people might be listed in more than one category. For example, a participant may be dually diagnosed and fits into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse); this person would be included in both subpopulations. However, the total number of persons for each subpopulation (e.g., veterans, substance abuse) cannot exceed the total number entered in the "total persons" column.
- (4) Starting in 2010, projects may include chronically homeless families under the appropriate subpopulation on the Project Participants-Households with Dependent Children screen.

## Project Participants - Households with Dependent Children

SKIP: If your project does not serve households with dependent children, enter "0" in the "Total Number of Households.

New projects will not have historical data on persons served, so you will need to estimate the maximum number of homeless persons the project will serve.

Enter the maximum number of households you estimate your project will be able to serve on any given day.

In the "Total Persons" column, indicate the maximum number of "Disabled Adults," "Non-Disabled Adults," "Disabled Children, and "Non-Disabled Children" you estimate the project will serve on a given day.

Identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuse, Veterans, Persons with HIV/AIDS, and Victims of Domestic violence) for each person in the project on any given day.

	Disabled Adults	Non-Disabled Adults	Disabled Children	Non-Disabled Children	Total Persons
Chronically Homeless					
Severely Mentally Ill					
Chronic Substance Abuse					
Veterans					
Persons with HIV/Aids					
Victims of Domestic Violence					
Total	0	0	0	0	0

Total # of Adults	
Total # of Children	



## Project Participants-Households without Dependent Children

SKIP: If your project does not serve households without dependent children, enter "0" in the "Total Number of Households".

For a new project, you will not have historical data on persons served, so you will need to estimate the maximum number of homeless persons the project will serve in a given day.

	Disabled Adults	Non Disabled Adults	Disabled Unaccompanied Youth	Non-Disabled Unaccompanied Youth	Total Persons
Chronically Homeless					
Severely Mentally Ill					
Chronic Substance Abuse					
Veterans					
Persons with HIV/AIDS					
Victims of Domestic Violence					
Total	0	0			

In the "Total Persons" column, indicate the maximum number of "Disabled Adults," "Non-Disabled Adults," "Disabled Unaccompanied Youth," and "Non-Disabled Unaccompanied Youth" you estimate the project will serve on a given day. Identify the appropriate subpopulation ("Chronically Homeless," "Severely Mentally Ill," "Chronic Substance Abuse," "Veterans," "Persons with HIV/AIDS," and "Victims of Domestic Violence") for each person in the project on a given day.

### NOTE

- Beginning in FY 2010, the Chronically Homeless subpopulation may include disabled adults in households with or without children.
- All severely mentally ill person and person living with HIV/AIDS are automatically considered disabled; therefore there can be no entry for non-disabled persons
- Veterans must be adults; therefore, no entry is allowed for unaccompanied youth

## Outreach for Participants

1. Enter the **percentage** of homeless person(s) who will be served by the proposed project for each of the following locations.

**Note:** This includes persons who ordinarily sleep in one of the places listed below that are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

% of Persons who came from the street or other locations not meant for human habitation	
% of Person who came from Emergency Shelters	
% of Persons who came from Safe Havens	
% of Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens	
<b>Total of Above Percentages</b>	

2) If

the total is less than 100% describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

3) Describe the outreach plan to bring these homeless participants into the project

4) Describe the contingency plan that the sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

## Project Leveraging

The Project Leveraging list summarizes the leveraging funds for the project. As part of this form, you will indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment on file at the time of application. If you do not have a written commitment on file, do not enter the contribution.

1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
5) Value of Written Commitment		

1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
5) Value of Written Commitment		

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4) Date of Written commitment		
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2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
5) Value of Written Commitment		

1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
5) Value of Written Commitment		

**NOTE:** A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, childcare, case management etc), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project sponsor.

**NOTE:** Eligible leveraging items may include written commitments for building, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project.

## Performance Measures

In FY 2010, Project Sponsors are required to submit quantitative/numerical goals as a basis for measuring project housing performance during the operating year. These questions related to performance measures are to be answered for all SHP components. Because the measures and instructions that apply to each project type are slightly different across the different programs, there is a separate training module on performance measures that may be found on the e-snaps training page on the HRE, located at <http://esnaps.hudhre.info/>.

### Standard Performance Measures

- 1) Specify the universe and target numbers for the following required performance measure(s)

Housing Measure	Universe* #	Target** #	Target %
a. Persons remaining in permanent housing as of the end of the operating year.			
Housing Measure	Universe* #	Target** #	Target %
b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.			
*For questions 1a and 1b in the Universe column enter the total number of persons about whom the measure is expected to be reported.			
**In the Target # enter the number of persons for whom this goal is relevant who are expected to reach the goal within the operating year.			

- 2) Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Income Measure	Universe* #	Target #	Target %
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.			
Income Measure	Universe* #	Target #	Target %
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit			
*For either 2a or 2b whichever is most relevant to your project, in the Universe column, enter the total number of persons about whom the measure is expected to be reported.			
**In the Target # column enter the number of persons for whom this goal is relevant who are expected to reach the goal within the operating year.			

## Additional Performance Measure Detail

This form is **optional** and you may add no more than three additional performance measures.

- 1) Specify the universe and target goal numbers for the proposed measure

a) Proposed Measure	b) Universe #	c) Target #	d) Target %

For 1a enter a brief description of the proposed measure. For 1b enter the total number of persons about whom the measure is expected to be reported. For 1c enter the number of persons for whom this goal is relevant and who are expected to reach the goal within the operating year.

- 2) Describe the data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results.

- 3) Describe specific data elements and the formula proposed for calculating results

- 4) Describe the rationale for why the proposed measure is an appropriate indicator of performance for this program

## SHP Operating Budget

Eligible Costs	Quantity / Description	SHP Request Year 1	SHP request Year 2	SHP request Year 3	Total
1. Maintenance/Repair					
2. Staff					
3. Utilities					
4. Equipment Lease/Buy					
5. Supplies					
6. Insurance					
7. Furnishings					
8. Relocation					
9. Other (Must Specify)					
10. Total SHP Request					
11. Cash Match					
12 Total SHP Operating Budget					
13. Other Resources (cash and kind)					

**Note:** You must request SHP funding for each grant year of the project. Requesting funding for year 2 and /or year 3 of the grant term also requires you to request funding for year 1 of the grant term.

**Note:** In the SHP Operating Budget the cash match must equal 25% of the Total SHP Operating budget, or line 12. In order to obtain 25 percent of an unknown number, one must divide the known number or line 10 by three. The quotient is the cash match.

## SHP Leasing Budget Detail

Unit Size	Number of Units	HUD Paid Rent (FMR)	Number of Months	Total Rent (# x FMR x months)
0 bedroom		\$887		
1 bedroom		\$1,002		
2 bedroom		\$1,203		
3 bedroom		\$1,545		
4 bedroom		\$1,908		
5 bedroom		\$2,194		
6 bedroom		\$2,480		
7 bedroom		\$2,767		
Total Units	0			\$0

## SHP Leased Structures Budget Detail

Structure Name	
Street Address 1	
Street Address 2	
City	
State	
Zip Code	
HUD Paid Rent	
# of Months	
Total	

	Number of Units/Structures	Funds Requested
Leased Units		
Leased Structures		



## SHP Supportive Services Budget

Supportive Services costs	Quantity	SHP Request Year 1	SHP Request Year 2	SHP request Year 3	Total
1. Case Management					
2. Total SHP dollars requested					
3. Cash Match					
4. Total SHP Supportive Services Budget (line 2 + line 3)					
16. Other Resources (Cash and in Kind)					

**Note:** You must request SHP funding for each grant year of the project. Requesting funding for year 2 and / or year 3 of the grant term also requires you to request funding for year 1 of the grant term

**Note:** In the SHP Supportive Services budget the cash match must equal 20 percent of the Total SHP Supportive Services budget, or line 16. In order to obtain 20 percent of an unknown number one must divide the known number by four. The quotient is the cash match.

For more information on cash match, see the resource *Supportive Services Cash Match Calculator* under the Reference Room tab on the e-snaps training page at <http://esnaps.hudhre.info/files/SupportiveServCashMatchCalculator.xltx>

### **SHP Acquisition/Rehabilitation/New Construction Budget**

Structure Name	
Street Address 1	
Street Address 2	
City	
State	
Zip Code	

	SHP Request	Cash Match	Total
1. Acquisition			
2. Rehabilitation			
3. New Construction			
Total			

**Note:** By law, for all SHP funds requested for acquisition and/or rehabilitation or new construction, the **sponsor must produce an equal amount of matching funds**. Other funds used to carry-out the activities should be included in the cash match column.

## Supportive Housing Program Summary Budget

Selected Grant Term: ☐ 2 Years ☐ 3 Years

SHP Activities	SHP Dollars Request	Cash Match	Totals
1.Aquisition			
2.Rehabilitation			
3.New Construction			
4. Subtotal(#1-3)			
5.Real Property Leasing			
6.Supportive Services			
7.Operations			
8.SHP Request			
9. Administrative Costs			
	Total SHP Request (lines 8 and 9)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)

**Note:** Be sure to complete the blank cell in line 10. If you do not do so, your project will not receive any funds for administrative costs. Administrative funds are calculated at 5% of the SHP request. Administrative costs are shared equally between Project Sponsor and Mayor's Office of Human Services.

## Shelter Plus Care and Section 8 Moderate Rehabilitation SRO Budgets Application

Is the project located on land previously owned by the military	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Project Location Detail

1. Location Name	
Enter the name of the location being used to house project participants. If the project includes leased or rental units in more than four locations, and “scattered Site” in this field. <b>Note: This is a required field for S+C/SRA project ONLY</b>	
2. Property Ownership	
Use the drop down menu to indicate ownership. <b>Note: This is required by all projects</b>	
3. Street Address 1	
4. Street Address 2	
5. City	
6. State	
7. Zip code	

## Supportive Service for Participants

1) For Projects serving families, does the applicant/sponsor have policies and practices that are consistent with , and do not restrict the exercise of rights provided by the education subtitle of the McKinney Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) For projects serving families, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act and McKinney-Vento education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3) Describe how participants will be assisted to obtain and remain in permanent housing

4) Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

5) Specify the frequency of supportive services to be provided to project participants.

Supportive Services	Select Frequency
Outreach	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Case Management	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Life Skills	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Job Training	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Alcohol and Drug Abuse Services	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

	<input type="checkbox"/> Does not Apply
Mental Health and Counseling	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
HIV/AIDS Services	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Health/Home Health Services	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Education and Instruction	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Employment Services	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Child care	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Transportation	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Other (Specify Below)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Other (Specify Below)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply
Other (Specify Below)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Does not Apply

6) How Accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project? Use the drop down menu to indicate	Access Via: <input type="checkbox"/> Walking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Driving <input type="checkbox"/> Transportation provided by project
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## **Project Participants Information**

The following contains instructions for the two Project Participants forms - one for Households with Dependant Children and the other for Households without Dependent Children.

Please review the following notes which will provide information regarding gathering and entering data for these two forms:

- (3) The data gathered on these Project Participant forms is the number of participants in the program when the program is at full capacity. This count is based on the applicant's estimate at the time of application. the data describes the number of households as well as the number of persons in households for (1) Households without Dependent Children, and (2) households with Dependent Children.
- (4) Each field must have a number. If applicable, enter a zero ("0") in a white field.
- (3) The "Total Persons" field will not necessarily be the sum of the six column totals because people might be listed in more than one category. For example, a participant may be dually diagnosed and fits into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse); this person would be included in both subpopulations. However, the total number of persons for each subpopulation (e.g., veterans, substance abuse) cannot exceed the total number entered in the "total persons" column.
- (4) Starting in 2010, projects may include chronically homeless families under the appropriate subpopulation on the Project Participants-Households with Dependent Children screen.

## Project Participants - Households with Dependent Children

SKIP: If your project does not serve households with dependent children, enter "0" in the "Total Number of Households."

New projects will not have historical data on persons served, so you will need to estimate the maximum number of homeless persons the project will serve.

Enter the maximum number of households you estimate your project will be able to serve on any given day.

In the "Total Persons" column, indicate the maximum number of "Disabled Adults," "Non-Disabled Adults," "Disabled Children, and "Non-Disabled Children" you estimate the project will serve on a given day.

Identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuse, Veterans, Persons with HIV/AIDS, and Victims of Domestic violence) for each person in the project on any given day.

	Disabled Adults	Non-Disabled Adults	Disabled Children	Non-Disabled Children	Total Persons
Chronically Homeless					
Severely Mentally Ill					
Chronic Substance Abuse					
Veterans					
Persons with HIV/Aids					
Victims of Domestic Violence					
Total	0	0	0	0	0

Total # of Adults	
Total # of Children	



## Project Participants-Households without Dependent Children

SKIP: If your project does not serve households without dependent children, enter "0" in the "Total Number of Households".

For a new project, you will not have historical data on persons served, so you will need to estimate the maximum number of homeless persons the project will serve in a given day.

	Disabled Adults	Non Disabled Adults	Disabled Unaccompanied Youth	Non-Disabled Unaccompanied Youth	Total Persons
Chronically Homeless					
Severely Mentally Ill					
Chronic Substance Abuse					
Veterans					
Persons with HIV/AIDS					
Victims of Domestic Violence					
Total	0	0			

In the "Total Persons" column, indicate the maximum number of "Disabled Adults," "Non-Disabled Adults," "Disabled Unaccompanied Youth," and "Non-Disabled Unaccompanied Youth" you estimate the project will serve on a given day. Identify the appropriate subpopulation ("Chronically Homeless," "Severely Mentally Ill," "Chronic Substance Abuse," "Veterans," "Persons with HIV/AIDS," and "Victims of Domestic Violence") for each person in the project on a given day.

### NOTE

- Beginning in FY 2010, the Chronically Homeless subpopulation may include disabled adults in households with or without children.
- All severely mentally ill person and person living with HIV/AIDS are automatically considered disabled; therefore there can be no entry for non-disabled persons
- Veterans must be adults; therefore, no entry is allowed for unaccompanied youth

## Outreach for Participants

1. Enter the **percentage** of homeless person(s) who will be served by the proposed project for each of the following locations.

**Note:** This includes persons who ordinarily sleep in one of the places listed below that are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

% of Persons who came from the street or other locations not meant for human habitation	
% of Person who came from Emergency Shelters	
% of Persons who came from Safe Havens	
% of Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens	
<b>Total of Above Percentages</b>	

2) If

the total is less than 100% describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

3) Describe the outreach plan to bring these homeless participants into the project

4) Describe the contingency plan that the sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

## Project Leveraging

The Project Leveraging list summarizes the leveraging funds for the project. As part of this form, you will indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment on file at the time of application. If you do not have a written commitment on file, do not enter the contribution.

1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
5) Value of Written Commitment		

1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
5) Value of Written Commitment		

1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
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1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
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4) Date of Written commitment		
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1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
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4) Date of Written commitment		
5) Value of Written Commitment		

1) Select the type of Contribution	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind
2) Name the source of the contribution		
3) Select type of source	<input type="checkbox"/> Government	<input type="checkbox"/> Private
4) Date of Written commitment		
5) Value of Written Commitment		

**NOTE:** A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, childcare, case management etc), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project sponsor.

**NOTE:** Eligible leveraging items may include written commitments for building, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project.

## Performance Measures

In FY 2010, Project Sponsors are required to submit quantitative/numerical goals as a basis for measuring project housing performance during the operating year. These questions related to performance measures are to be answered for all SHP components. Because the measures and instructions that apply to each project type are slightly different across the different programs, there is a separate training module on performance measures that may be found on the e-snaps training page on the HRE, located at <http://esnaps.hudhre.info/>.

### Standard Performance Measures

- 3) Specify the universe and target numbers for the following required performance measure(s)

Housing Measure	Universe* #	Target** #	Target %
a. Persons remaining in permanent housing as of the end of the operating year.			
Housing Measure	Universe* #	Target** #	Target %
b. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.			
*For questions 1a and 1b in the Universe column enter the total number of persons about whom the measure is expected to be reported.			
**In the Target # enter the number of persons for whom this goal is relevant who are expected to reach the goal within the operating year.			

- 4) Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Income Measure	Universe* #	Target #	Target %
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.			
Income Measure	Universe* #	Target #	Target %
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit			
*For either 2a or 2b whichever is most relevant to your project, in the Universe column, enter the total number of persons about whom the measure is expected to be reported.			
**In the Target # column enter the number of persons for whom this goal is relevant who are expected to reach the goal within the operating year.			

## Additional Performance Measure Detail

This form is **optional** and you may add no more than three additional performance measures.

5) Specify the universe and target goal numbers for the proposed measure

a) Proposed Measure	b) Universe #	c) Target #	d) Target %

For 1a enter a brief description of the proposed measure. For 1b enter the total number of persons about whom the measure is expected to be reported. For 1c enter the number of persons for whom this goal is relevant and who are expected to reach the goal within the operating year.

6) Describe the data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results.

7) Describe specific data elements and the formula proposed for calculating results

8) Describe the rationale for why the proposed measure is an appropriate indicator of performance for this program

## Shelter Plus Care Rental Assistance Budget

Applicants undertaking new Shelter Plus Care projects will need to complete a “Shelter Plus Care Rental Assistance budget” screen, regardless of the program component of their project. In addition, S+C projects with a SRO component will also need to complete an “Estimated Development Cost Budget” screen.

Type of Program:    Tenant-based    ☐  
                                  Sponsor-based    ☐  
                                  Project-based    ☐

Rent Request must equal 100% of Fair Market Rent

Unit Size	Number of units	FMR	Number of months (60 or 120)	Total Rent
0 bedrooms		\$887		
1 bedrooms		\$1,002		
2 bedrooms		\$1,203		
3 bedrooms		\$1,545		
4 bedrooms		\$1,908		
5 bedrooms		\$2,194		
6 bedrooms		\$2,480		
7 bedrooms		\$2,767		
Total	0			0

## SRO Rental Assistance Budget

The following steps provide instruction on completing the SRO Rental Assistance Budget

Type of Program:

Shelter Plus Care Single Room Occupancy Component

☐

Section 8 Moderate Rehabilitation for Single-Room Occupancy Dwellings

☐

**NOTE:** Applicants for the Section 8 Moderate Rehabilitation SRO projects must subcontract with a public housing agency (PHA) to administer the rental housing assistance.

This component is designed to add standard SRO units to the local housing supply and to use them to assist homeless persons with disabilities. The units to be used must be in need of moderate rehabilitation. They may be located in a rundown hotel, a vacant motel, a YMCA, or even a large, abandoned home. Applicants are encouraged to be creative in searching out suitable SRO dwelling units—both large and small structures. SRO must complete a minimum amount housing contains units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both.

Rental assistance for SRO units is provided for a **10 year period**. Owners are compensated through the rental assistance payments, some of the rehabilitation costs, as well as the other costs of owning and maintaining the property. Resources to initially fund the cost of rehabilitating the dwellings, however, must be obtained from other sources.

Unit Size	Number of units	FMR or actual Rent	Number of months	Total
SRO		\$665	120	

## Estimated Development Cost Budget New Projects

Enter the source of funds for developing the project and the amount of funds from each source as requested (you may not request these funds from HUD)

Source	Amount
Total	